Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

> Secretary of State PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

TIST MONTHET REPORT

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

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THIS SPACE FOR OFFICE USE ONLY

06 SEP - 5 PM 2: 25 SECRETARY OF STATE STATE OF LOAHO

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Hodge Do Box 1668 Boise, ID 83701 month ending (Day) (Mo.) (Yr.) 31 08 Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity *Total Amount for Item 3, at bottom of page.) All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. 2 Date Names of Legislators, Public and Executive Officials in Group Place Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(es) **INSTRUCTIONS** MEDICAL ASSOCIATION Aho 2668 40 BOX Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No. 3 Ben Ysursa

No. 4

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.						
	Date Amount Name of Legislator, Public or Executive Official Receiving or Benefiting						ceiving or Benefiting
Item	-		on, the number of the Senate		LEGISLATIVE SUB		
5	I	as supporting or op	•	Code	Subject	Code	Subject
Subject (from)	Code Bill, Re		Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)
6		ss, financial service	sion, procurement, contract, s or bond lobbyist was		CERTIFICATION: I hereby certify correct statement in accordance we will be a statement of the control of the correct statement in accordance we will be a statement of the correct statement in accordance we will be a statement of the correct state		